



THE COMMONWEALTH OF MASSACHUSETTS

State Board of Retirement

ONE ASHBURTON PLACE, BOSTON, MA 02108-1607

APPLICATION FOR ANNUITY

(SECTION 101)

IMPORTANT

A copy of your **birth certificate**, your **marriage certificate**, and your **spouse's death certificate** must be enclosed with this application.

This act does not apply in any case where the retired employee's death occurred prior to September 6, 1964.

Dear Sir/Madam:

I hereby make application for an annuity under the provisions of Section 101 of Chapter 32 of the General Laws, as inserted by Chapter 490 of the Acts of 1964.

I hereby certify that I am the widow/widower of _____
who retired for reasons of Accidental Disability on _____ and who
died on _____ from causes not related to the injury which was the basis for my
spouse's retirement*. I further certify that I was married to him/her on the effective date of his/her retirement.

SIGNED UNDER THE PENALTIES OF PERJURY:

Signature

Date

Print Name

Social Security Number

Address

* Need not have been married on the effective date of retirement, per Attorney General Opinion February 7, 1974.

Please return completed form to: State Board of Retirement, One Ashburton Place – Room 1219, Boston, MA 02108-1607

For more information call (617) 367-7770 ext. 324 or 1-800-392-6014 (Mass. only) - fax # (617) 723-1438

Please notify the Retirement Board of any change of address.